

PTO/SB/21 (09-04)

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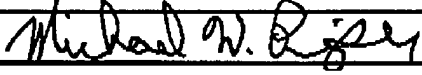
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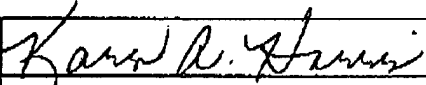
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/005,808 | RECEIVED CENTRAL FAX CENTER NOV 02 2005 |
| | Filing Date | December 3, 2001 | |
| | First Named Inventor | David L. Dinwoodie | |
| | Art Unit | 3639 | |
| | Examiner Name | Robinson Boyce, Akiba K. | |
| Total Number of Pages in This Submission | 36 | Attorney Docket Number | 4044-00200 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | RECEIVED OIPE/IAP NOV 03 2005 |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Conley Rose, P.C. | | |
| Signature |  | | |
| Printed name | Michael W. Piper | | |
| Date | November 2, 2005 | Reg. No. | 39,800 |

CERTIFICATE OF TRANSMISSION/MAILING

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